(b) So far, 124 childern between the age group 0—12 years have been affected by AIDS, as reported to NACO.

(c) and (d) Yes, Sir. Government have taken the following steps;

(i) Giving Safe and HIV free blood to all Thalassemic and hemofilic Children which is going on satisfactorily.

(ii) A pilot project is being contemplated by Government to give gidovuline (AZT) to all pregnant mothers having HIV infection which is an approved mode of treatment.

Increase in Child Mortality Rate

961. SHRIMATI JAYANTI PATNAIK: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware of the increasing child mortality rate in the country;

(b) if so, the state-wise position as on date; and

(c) the datails of steps taken by Government to reduce the child mortality?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) As per the information available through Sample Registration System of the Registrar General of India, the Child Mortality Rate (0—4 years) at the national level is showing a declining trend. The latest estimates of Child Mortality Rete (0—4) years for India and major States for 1994 are given in the Statement. (*See* below).

(c) To bring down child mortality, Immunization;? Control of diarrnoeat diseases and acute respiratory infections; essential newborn care; and prophylaxis against Iron and vitamin A deficiencies are being implemented as part of the Child Survival and safe Motherhood Programme. These interventions will continue to be implemented under the Reproductive and Child Health Programme during the Ninth Five Year Plan.

Statement

Estimates of Child Mortality Rate (0—4 Years) for India and major States, 1994.

(Source: Sample Registration System, Registrar General of India)

India and Major States	Child Mortality Rate
India*	23.9
Andhra Pradesh	17.0
Assam	24.7
Bihar	24.9
Gujarat	22.2
Haryana	22.3
Himachal Pradesh	16.0
Karnataka	18.6
Kerala	3.4
Madhya Pradesh	34.8
Maharashtra	14.4
orissa	31.6
Punjab	15.7
Rajasthan	27.4
Tamil Nadu	13.4
Uttar Pradesh	33.0
West Bengal	19.8

* Excludes Jammu & Kashmir and Mizoram

Action Plan for AIDS control in the North-Eastern States

962. SHRI S.M. KRISHNA: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware of the sharp increase in AIDS cases in certain States, particularly in the North-eastern parts of the country; if so, the number of AIDS cases detected/reported during the last three years, from the North-eastern States, State-wise and year-wise;

(b) whether Governments of North-eastern States have requested the Central Government for a helping hand to arrest

the increase in such cases; if so, the details thereof;

(c) whether Government propose to initiate a separate concrete action plan for arresting the spread of this deadly disease in the North-eastern States; and

(d) what action Government have taken for creating awareness amongst the people involved in immoral traffic in the red light areas of the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir. The State-wise, year-wise AIDS cases detected/reported during the last three years are as follows:

Sl No.	Name of State	1994	1995	1996
1.	Assam	1	8	—
2.	Arunachal Pradesh	—	—	—
3.	Manipur	46	31	55
4.	Mizoram	—	—	—
5.	Meghalaya	—	—	—
6.	Nagaland	—	4	—
7.	Tripura	—	—	—

(b) and (c) In order to prevent and control spread of AIDS in India, comprehensive programme is currently under implementation as 100% Centrally Sponsored Scheme throughout the country. The strategies of the programme consist of creation of awareness amongst nigh risk behaviour group and general public about AIDS, control of Sexually Transmitted Diseases, Blood Safety and rational use of blood, Surveillance, diagnosis and clinical management of AIDS cases.

(d) The Government of India, Ministry of Health and Family Welfare and the State Health Departments encourage the non Governmental Organisations and local bodies to take up integrated intervention projects in the red light areas. Such projects are being implemented in Mumbai, Calcutta, Chennai and Delhi.

प्रथम मानव-दुग्ध-बैंक की स्थापना

963. **श्री चीमनभाई हरीभाई शुक्ला:** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने हाल ही में रक्त बैंकों के समान प्रथम मानव-दुग्ध-बैंक की स्थापना करने की घोषणा की है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) इस दुग्ध बैंक के मुख्य उद्देश्य क्या हैं;

(घ) उक्त बैंक के लिए मानव दुग्ध-एकत्र करने के स्रोत क्या-क्या हैं;

(ङ) ये बैंक किन-किन राज्यों में स्थापित किए जाएंगे और इनकी कार्यक्षेत्र की सीमा क्या होगी; और

(च) उक्त योजना के लिए कितना बजटीय आवंटन निर्धारित किया गया है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी): (क) जी, नहीं।

(ख) से (च) प्रश्न नहीं उठता।

Derecognition of Medical Degrees of Erstwhile USSR

964. DR. ALLADI P. RAJKUMAR:
SHRI SOLIPETA RAMACHANDRA REDDY:

Will the PRIME MINISTER be pleased to state:

(a) whether the Medical Council of India has recommended that degrees from the medical institutions in the erstwhile USSR be derecognised from 1997; and

(b) if so, the reasons therefor and the number of Indian students likely to be affected by this decision?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Medical degrees awarded by 29 institutions of the erstwhile USSR stood recognised by the Central Government.